PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
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		Complete if Known									
Fees pursuant to t	818).	Application Number 10/717,804-		10/717,804-C	Conf. #9712						
FEE		Filing Date		November 20, 2003							
		First Named Inv	entor	Christel-Loïc Tisse							
For FY 2008				Examiner Name		A. K. S. Liew					
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2624					
TOTAL AMOUNT OF PAYMENT (\$) 1,670.00				Attorney Docket No. S1022.81060US00							
METHOD OF PAYMENT (check all that apply)											
X Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.											
For the	above-identified depo	sit account, the Dire	ctor is	hereby authorize	d to: (che	ck all that apply)				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCUI	ATION										
1. BASIC FILIN	G, SEARCH, AND E										
	FI	LING FEES	SEA	RCH FEES	EXAMIN	NATION FEES	6				
Application T	<u>/pe Fee (\$</u>	<u>Small Entity</u>) <u>Fee (\$)</u> <u>F</u>	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees I	Paid (\$)			
Utility	310	155	510	255	210	105					
Design	210	105	100	50	130	65					
Plant	210	105	310	155	160	80					
Reissue	310	155	510	255	620	310	-				
Provisional	210	105	0	0	0	0					
2. EXCESS CLA								Small Entity			
Fee Description			Fee (\$)	Fee (\$)							
Each claim over 20 (including Reissues)							50	25			
Each independent claim over 3 (including Reissues)							210	105			
Multiple depend	lent claims						370	185			
Total Claims	Extra Claims	Fee (\$)	Fee P	aid (\$) Multiple Dependent Claims							
47	- 40 = 27	x 50.00 =	1,35	50.00	<u>Fe</u>	ee (\$)	Fee Paid (\$)				
HP = highest num	ber of total claims paid for	, if greater than 20.									
Indep. Claims	Extra Claims	Fee (\$)	Fee P	aid (\$)							
4		x <u>200.00</u> =		0.00							
HP = highest num	ber of independent claims	paid for, if greater than 3									
3. APPLICATIO		1400 1									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer											
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
100 = /50 = (round up to a whole number) x =											
4. OTHER FEE(S) Fees Paid (\$)											
Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00											
SUBMITTED BY											
Signature	/Neil P. Ferraro/			Registration No. (Attorney/Agent)	39,188	Telephone	(617) 64	6-8000			
Name (Print/Type)	Neil P. Ferraro	•			Date	, ,					
						•					

PTO/SB/21 (11-07)
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TRANSMITTAL FORM			Application Number	10/717,804	10/717,804-Conf. #9712					
			Filing Date	November	November 20, 2003					
			First Named Inventor	Christel-Lo	Christel-Loïc Tisse					
			Art Unit	2624	2624					
(to be used for all correspondence after initial filing)			Examiner Name	A. K. S. Lie	ew					
Total Number of Pages in This Submission		sion	Attorney Docket Numb	S1022.810	60US00					
ENCLOSURES (Check all that apply)										
X Fee Transr	mittal Form	Drawing(s)		After Allowa	nce Communication					
Fee	Attached	Licensing-rel	ated Papers		Appeal Communication to Board of Appeals and Interferences					
X Amendment/Reply		Petition			munication to TC e, Brief, Reply Brief)					
After	Final	Petition to Co		Proprietary I	nformation					
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address		Status Lette	r					
X Extension of Time Request		Terminal Disclaimer		Other Enclosidentify below	sure(s) (please v):					
Express Abandonment Request		Request for Refund								
Information Disclosure Statement		CD, Number of CD(s)								
Certified Copy of Priority Document(s)		Landscape Table on CD								
Reply to Missing Parts/ Incomplete Application		Remarks								
Reply to Missing Parts under 37 CFR 1.52 or 1.53										
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name VACUE OR FAMILIE D. 2. OA OKO, D. O.										
Signature	WOLF, GREENFIELD & SACKS, P.C.									
oignature	/Neil P. Ferraro/									
Printed name	Mail D. Farrage									

Reg. No.

39,188

Neil P. Ferraro

December 28, 2007

Date